

PRINTED: 04/10/2014
FORM APPROVED

Division of Health Care Facilities

454 5/23/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2014
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SM		STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the overall plant and the nursing home environment.</p> <p>The findings included:</p> <p>On 4/6/14 at 1:15 PM, observation within room 505 revealed the veneer on the bathroom door was loose.</p> <p>The findings included:</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 4/6/14.</p>	N 831	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>N831</p> <p>It is the practice of this Center to Maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well being of the residents are assured.</p> <p>The bathroom door to resident room 505 was repaired on 04/11/14. A tour of the Center to inspect each resident room bathroom door by the Plant Operations Director was conducted by 04/30/14. Any door to be found deficient to be repaired or replaced.</p> <p>The Plant Operations Director to check resident room bathroom doors for condition as part of the Center PM Program monthly for 3 months and Quarterly thereafter. Results to be posted in the PM Maintenance Log and reported to the Center Safety Committee.</p> <p>Continued compliance will be assured through monitoring by Plant Operations Director and Administrator.</p> <p>Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the Performance Improvement Committee (QAA) Committee.</p> <p>Documentation in the PM Logs are reviewed by the Safety Committee and the Facility Performance Improvement (QAA)</p>	05/20/14	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X6) DATE

STATE FORM

0099

LZG821

0501/14

If continuation sheet 1 of 1

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Division of Health Care Facilities

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Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

8802

LZG821

050114

If continuation sheet 1 of 1

2014